

## Questionnaire for Individuals Who Were Self-Employed or Employed by a Family Member

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

When you filed your claim for Unemployment Insurance benefits, you indicated either that you are, or have been, self-employed (Complete Part A) or that one or more of the businesses for which you worked was owned in whole or in part by a family member (Complete Part B). This additional information is required in order to determine your eligibility for Unemployment Insurance benefits accurately. Once your case has been assigned to a Department of Unemployment Assistance claim adjuster, you will be contacted with instructions on returning the completed form.

### **Part A: To be complete by individuals who are, or were self-employed**

What kind of work do/did you perform in self-employment? \_\_\_\_\_

When did your self-employment begin? \_\_\_\_\_

Are you still involved in self-employment? \_\_\_\_\_

If not, when did your self-employment end? \_\_\_\_\_

How many hours per week are/were you devoting to self-employment? \_\_\_\_\_

Are you actively seeking further work in self-employment? \_\_\_\_\_

If yes, how many hours per week are you devoting to this search? \_\_\_\_\_

Is self-employment the primary goal of your work search activity? \_\_\_\_\_

Does your self-employment limit your availability for work as an employee of others or your ability to look for other work? \_\_\_\_\_

If yes, explain the nature and scope of these limitations. \_\_\_\_\_

Were you engaged in self-employment while you were working as an employee of another business? \_\_\_\_\_

If yes, has your involvement in self-employment increased since you became separated from your other employment? \_\_\_\_\_

If yes, please explain any increased in your involvement in self-employment \_\_\_\_\_

Are you currently operating a business? \_\_\_\_\_

If yes, do you have a commercial location? \_\_\_\_\_

Do you have any employees? \_\_\_\_\_

Are you able to work on a full-time basis, available for full-time work, and actively seeking work? \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

## Questionnaire for Individuals Who Were Self-Employed or Employed by a Family Member

Indicate which, if any, of the following statements apply to you:

- ☐ My self-employment consists of 'casual' work or 'odd jobs' of an informal nature (examples: yard work, babysitting, etc.)
- ☐ My self-employment consists of occasional consulting work, but is not my primary employment or employment goal.
- ☐ My regular trade or occupation is one in which work is often available on a sub-contracted basis, and I occasionally accept such work, but it is not my primary employment or employment goal.

### **Part B: To be completed by individuals formerly employed by a business owned in whole or part by a family member.**

What is the name of the company, owned in whole or in part by a family member, for which you previously worked? \_\_\_\_\_

When did you begin employment there? \_\_\_\_\_

What was your last day of work?

How is the business organized:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Company

List below the names of the business owners and indicate their relationship to you.

Owner's Names \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

### **Certification:**

The information provided herein is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

